



# State of New Hampshire 2007 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2007

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/21/2007

Business ID: 147916

William M. Gardner

Secretary of State

351 WINCHESTER STREET, INC.

275 MATTHEWS RD

SWANZEY, NH 03446

## ADDRESS OF PRINCIPAL OFFICE:

275 MATTHEWS RD

SWANZEY, NH 03446

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## REGISTERED AGENT AND OFFICE:

CLAIRE GOODENOUGH

275 MATTHEWS RD

SWANZEY, NH 03446

ENTITY TYPE: CORPORATION

BUSINESS ID: 147916

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020438267

DEAL IN REAL ESTATE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

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☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE OFFICER BELOW)

A

NAME ROBERT H. GOODENOUGH  
STREET 275 MATTHEWS RD.  
CITY/STATE/ZIP SWANZEY NH 03446

NAME CLAIRE S. GOODENOUGH  
STREET 275 MATTHEWS ROAD  
CITY/STATE/ZIP SWANZEY NH 03446

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NAME  
STREET  
CITY/STATE/ZIP  
NAME  
STREET  
CITY/STATE/ZIP  
NAME  
STREET  
CITY/STATE/ZIP

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

B

NAME ROBERT H. GOODENOUGH  
STREET 275 MATTHEWS ROAD  
CITY/STATE/ZIP SWANZEY NH 03446

NAME  
STREET  
CITY/STATE/ZIP  
NAME  
STREET  
CITY/STATE/ZIP  
NAME  
STREET  
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

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Sign here:

Please print name and title of signer:

NAME

ROBERT H. GOODENOUGH

TITLE

1 PRESIDENT

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529